



Complete Summary

TITLE

Geriatrics: percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.

SOURCE(S)

American Geriatrics Society, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Geriatrics physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Aug. 41 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.

RATIONALE

Interventions to prevent future falls should be documented for the patient with 2 or more falls or injurious falls.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Among community-dwelling older persons (i.e., those living in their own homes), multifactorial interventions should include:

- Gait training and advice on the appropriate use of assistive devices
- Review and modification of medication, especially psychotropic medication
- Exercise programs, with balance training as one of the components
- Treatment of postural hypotension
- Modification of environmental hazards
- Treatment for cardiovascular disorders

(American Geriatric Society/British Geriatrics Society/American Academy of Orthopaedic Surgeons [AGS/BGS/AAOS])

From the soon to be released AGS updated guideline (verbatim):

1. A multifactorial intervention strategy that includes assessment of known fall risk factors and management of the risk factors identified in older person living in the community should include:
 - Adaptation or modification of home environment
 - Balance, strength, and gait training
 - Appropriate assistive devices
 - Withdrawal or minimization of psychoactive medications
 - Withdrawal or minimization of other medications
 - Management of vision problems
 - Management of postural hypotension
 - Management of heart rate or rhythm abnormalities
 - Management of foot problems and footwear

Health professional or team conducting the falls risk assessment should also implement the interventions or assure that the interventions are carried out by the health professionals to whom the older person is referred. (AGS)

PRIMARY CLINICAL COMPONENT

Geriatrics; history of falls; plan of care (balance, strength, gait, training, assistive device)

DENOMINATOR DESCRIPTION

All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients with a plan of care for falls documented within 12 months (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Leatherman S, McCarthy D. Quality of health care for medicare beneficiaries: a chartbook. Focusing on the elderly living in the community. Vol. 815 New York (NY): Commonwealth Fund; 2005 May. 184 p.

Rubenstein LZ, Solomon DH, Roth CP, Young RT, Shekelle PG, Chang JT, MacLean CH, Kamberg CJ, Saliba D, Wenger NS. Detection and management of falls and instability in vulnerable elders by community physicians. J Am Geriatr Soc 2004 Sep;52(9):1527-31. [PubMed](#)

Wenger NS, Roth CP, Shekelle PG, Young RT, Solomon DH, Kamberg C, Chang JT, et al. A controlled trial of a practice-based intervention to improve primary care for falls, incontinence, and dementia. SGIM 28th Annual Meeting. New Orleans (LA). Society for General Internal Medicine; 2005.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Home Care
Long-term Care Facilities
Physician Group Practices/Clinics
Rehabilitation Centers
Residential Care Facilities

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physical Therapists

Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 65 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year)

Exclusions

Documentation of medical reason(s) why a plan of care is not documented

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Patient Characteristic

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients with a plan of care* for falls documented within 12 months

*Plan of care must include:

- Consideration of appropriate assistance device - medical record must include: documentation that an assistive device was provided or considered OR referral for evaluation for an appropriate assistance device

AND

- Balance, strength, and gait training - medical record must include: documentation that balance, strength, and gait training/instructions were provided OR referral to an exercise program, which includes at least one of the three components: balance, strength, or gait

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #8: plan of care for falls.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Geriatrics Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the American Geriatrics Society, the National Committee for Quality Assurance, and the Physician Consortium for Performance Improvement®

DEVELOPER

American Geriatrics Society
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Aug

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Geriatrics Society, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Geriatrics physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Aug. 41 p.

MEASURE AVAILABILITY

The individual measure, "Measure #8: Plan of Care for Falls," is published in the "Geriatrics Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on August 13, 2008. The information was verified by the measure developer on September 30, 2008.

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